



# St. Patrick's Secondary School Castleisland Co. Kerry

Tel: 066 7141963

Mobile: 086 8379255

Email: stpatricksss@gmail.com

---

## ENROLMENT APPLICATION 2017 (1<sup>st</sup> Year Entrant)

Please note: Completion of this form does not in itself entitle a pupil to attend this school. The Management reserves the right of entry at all times.

---

### STUDENT DETAILS:

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) DETAILS:

Mother's Forename: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mothers Tel. No.: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Tel. No.: \_\_\_\_\_

Students PPS Number: \_\_\_\_\_

Has your son a medical card: YES

NO

**OTHER DETAILS:**

National School Attended: \_\_\_\_\_

Other schools Attended: \_\_\_\_\_

Have you a son(s) attending this school at present: \_\_\_\_\_

Name(s): \_\_\_\_\_

Did you have a son(s) that attended this school in the past: \_\_\_\_\_

Name(s): \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Please give details of any medical issues regarding your son that you think the school should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your son had a psychological assessment done by the NEPS Psychologist or an independent Psychologist

YES

NO

If Yes, please give a short summary of the findings:

---

---

---

---

---

---

Do you consent to a photograph of your son be used in school publications and media publications the school website as part of a group and/or as part of a school team ?

YES

NO

**All information given is used only by the school and in the strictest confidence.**

**All application forms must be accompanied by the following documents:**

- **An original copy of your son's birth certificate.**
- **An official document showing your son's PPSN.**

**DECLARATION**

**I/we the undersigned agree that I/we and my/our son will accept and abide by the code of behaviour of St. Patrick's Secondary School and that I/we have read with my/our son and fully understand the code.**

**Signature:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Father/Mother/Guardian/Other**

**Date:** \_\_\_\_\_

